

**Whitemarsh Day School  
Student Registration Form  
2024-2025 School Year**

(Please Print Neatly)

Child's Name: \_\_\_\_\_  
Last First M.I. Preferred

Birthdate: \_\_\_\_\_ Gender M / F

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Email: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Email: \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (when parents can't be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Names of people authorized to pick up your child: (other than parents)

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Registration/Supply Fee Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Days Enrolled M T W T H F

Method of Payment Cash Check Card Date of Enrollment \_\_\_\_\_

# Whitemarsh Day School

## 2024-2025 Classes and Monthly Fees

The preschool registration fee is \$160 and is due with the application. The student supply fee is \$125.00 and is also due with your application. If registering more than one child, the family registration fee is \$260.00; However the supply fee is \$125.00 for every child. The registration fee is nonrefundable.

Number of Days Attending	Monthly Tuition
2 days (Tuesday/Thursday)	\$270.00
3 days (M/W/F)	\$340.00
5 days (Mon-Fri)	\$410.00

Tuition payments are due on the 1<sup>st</sup> of each month. If paid after the 5<sup>th</sup>, a late fee of \$40 will be applied. Your child may not return to school until all payments and fees are rendered.

**Please indicate your class preference**

**2.5 year old and toilet trained by September 2024**

Tuesday/Thursday \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Mon-Fri \_\_\_\_\_

**3 year old by September 2024**

Tuesday/Thursday \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Mon-Fri \_\_\_\_\_

**4-5 year old by September 2024**

Tuesday/Thursday \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Mon-Fri \_\_\_\_\_

I acknowledge that I am fully responsible for my child being toilet trained by September 2024. If not, I understand that I will forfeit my child's spot at WDS.

X \_\_\_\_\_ Date \_\_\_\_\_

Our School opens at 9am and our arrival time is from 9-9:15am. We ask that you make every effort to arrive on time. Late arrivals can be disruptive for the group, difficult for the child entering, and can alter the flow of our program. We know that leaving the house in the morning can be difficult with young children, but we ask for your understanding. We want each child to get the most out of our preschool experience.

In most cases, we follow the Chatham County Public Schools Calendar for holidays and teacher work days, and use SCCPS inclement weather decisions as a guide for our own inclement weather policy. Our preschool year begins the day after Labor Day and ends in the middle of May. Hours of operation are from 9am-1pm

# Terms of Enrollment

- **A \$160.00 Non-Refundable Registration Fee is due with this application packet.**
- **A \$125 Activity and Materials Fee is due with this application packet**

## **Withdrawal/Refund Policy:**

- If a child is withdrawn before July 1<sup>st</sup>, the registration fee is forfeited; materials fee is refunded.
- If a child is withdrawn after July 1st, the registration fee and supply fee is forfeited; no refund is given.
- If a child is withdrawn after the preschool year begins, you will forfeit all advance payments and still be responsible for any past due balances. **You will also be responsible for paying the remainder of your tuition if a written notice has not been received 30 days prior to withdrawal.**

## **I UNDERSTAND THAT:**

- Fees for the school year are calculated on an annual basis and divided evenly over nine months beginning September 1, 2024. Therefore, no fees or tuition will be prorated due to school closings for any reason.
- The school cannot take responsibility for school closings necessitated because of health, safety, inclement weather, holidays, or any other emergencies that may arise.
- **It is my responsibly to return all health, emergency, and permission forms prior to September 1<sup>st</sup> in order for my child to attend the first day of class. Not submitting these forms on time could defer my child's attendance in the program.**
- Upon my child's acceptance into the program, I give my permission for him/her to participate in all school activities unless otherwise stated in written form and submitted to WDS.
- My child will bring his/her lunch, provided by me.
- Before medication can be dispensed to my child, I must request and complete an Authorization for Medication form provided by WDS.
- It is the policy of WDS to allow photographs and video footage of students to be used in WDS produced materials, including but not limited to websites, brochures, posters and other printed materials. Parents and guardians may request photographs and video footage of students not be used by completing the form included in the Registration Packet from the preschool.

## **WDS may terminate my child's enrollment in the school if:**

- Health and emergency forms are not submitted by September 1, 2024 or before my child's first day of school;
- In the judgment of the Director and Staff, the child's behavior threatens the physical or mental health of other children in the program;
- In the judgement of the Director and Staff, the program does not meet the developmental needs of the child;
- Tuition payments are delinquent by two (2) months

## **Payment Options**

Please check the box next to your choice of payment options from the following:

- Full Payment By September 1, 2024 (by check or cash)
- Monthly payment made by check or cash \*Make checks payable to Whitemarsh Day School
- Automatic Monthly Payments

**I have read and agree to the above terms:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Whitemarsh Day School  
4802 Kim Street  
Savannah, GA 31410  
(912) 659-8185

## Emergency Medical Consent Form

Whitemarsh Day School has my permission to obtain emergency medical treatment for my child,  
\_\_\_\_\_ when I cannot be reached or if a delay in reaching my child would be  
dangerous for him/her.

Mother/Guardian's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Insurance provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Preferred Doctor \_\_\_\_\_

Preferred Hospital/Treatment Center \_\_\_\_\_

My child is taking the following medications

\_\_\_\_\_

My child has the following allergies

\_\_\_\_\_

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child  
while he/she is at Whitemarsh Day School,

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Whitemarsh Day School  
4802 Kim Street  
Savannah, GA 31410  
(912) 659-8185

### Parent Release Form for Media Recording

I, the undersigned, hereby grant permission to Whitemarsh Day School (WDS) to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below.

Please check one choice in the blank

\_\_\_\_\_ I DENY permission to use my child's image in any manner.

\_\_\_\_\_ I GRANT permission for WDS to use my child's image and voice recordings in the following manners: (Check all which you give permission. )

**Limited usage within Whitemarsh Day School:** WDS may use images, videos, and recordings of my child within the school only, not in the larger community. For example, posting your child's image on bulletin boards within the building or on our school app, Bloomz.

**Unrestricted usage:** I give WDS unrestricted permission for images, videos, and recordings of my child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I understand that my child's name will not be used in conjunction with any video or digital images.

Name (print) : \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy of this form for your own records and return the original to:

Whitemarsh Day School  
4802 Kim Street  
Savannah, GA 31410

If you have questions, contact Miranda Maher at (912) 659-8185

Whitemarsh Day School  
4802 Kim Street  
Savannah, GA 31410  
(912) 659-8185

## Whitemarsh Day School Exemption Letter

Dear parents,

As a childcare program in the state of Georgia, Whitemarsh Day School is exempt from the state licensing procedures. This exemption (591-1-1-.46 (1) (b) (6) ) has been approved by Bright From The Start: Georgia Department of Early Care and Learning. The exemption for Whitemarsh Day School contains the following conditions: a preschool providing care for ages two (2) years through six (6) years of age that operates no more than four (4) consecutive hours per day.

Although Whitemarsh Day School is not required to be licensed by the state of Georgia, we strive in every way to follow the guidelines put forth by Bright from the Start. The teachers at Whitemarsh Day School follow these guidelines because we feel strongly that it provides the best for our children and holds our school to a higher standard.

I, the undersigned, understand that Whitemarsh Day School is not licensed by the state of Georgia and is not required to be licensed.

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Signature

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Date

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Signature

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Date